

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM FD-276)**

APPLICANT(S) _____

09/25/2012

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	INO.	DEF.	INO.	DEF.	INO.	DEF.
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TOTAL	6				11	
TOTAL DEF.		21				33
TOTAL	6	21			11	33

	INO.		DEF.		INO.		DEF.		INO.		DEF.	
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TOTAL		1										
TOTAL DEF.												
TOTAL		1										

BEST AVAILABLE COPY

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